LOGISTICS

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The Cell and Gene Therapy (CGT) Access Model in Practice:

Strengthening Integrated Care for People Living with Sickle Cell Disease

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PRESENTED BY:
Allie Liss, MPH
Kelli Stannard, BSN, RN

Monday, June 29, 2026
12:00 PM–1:00 PM ET

Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF). This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS). A total of $1,527,057.67, or 57 percent, of the project is financed with federal funds, and $1,147,478.36, or 43 percent, is funded by non-federal sources. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS or the U.S. Government.

DHCF Department of Health Care Finance

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WELCOME FROM OUR CHIEF MEDICAL OFFICER

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Dr. Chimene Liburd
Department of Health Care Finance
Chief Medical Officer

TODAY'S AGENDA

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- Welcome and Session Orientation
- Participant Introductions
- Policy and Program Context: CGT Access Model and D.C. Implementation Overview
- Interactive Poll and Word Cloud
- CGT Access Model Journey Map Review
- Case Studies
- Peer Sharing and Discussion
- Best-Practice Synthesis
- Conclusion and Next Steps

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LEARNING OBJECTIVES

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Explain the CMS Cell and Gene Therapy (CGT) Access Model.

Summarize Integrated Care DC's CGT Outreach and TA Program.

Identify collaborative strategies that support organizational readiness for CGT coordination needs and timely connection of eligible patients to authorized treatment centers.

Describe at least one best practice – within participants' organizations or across partnerships – that can improve CGT access and patient care.

PRESENTERS

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Kelli Stannard, BSN, RN
Health Management Associates
Project Lead and Provider Coach
kstannard@healthmanagement.com

Allie Liss, MPH
Department of Health Care Finance
Special Projects Officer, Health Care Reform & Innovation Administration
allie.liss@dc.gov

Faculty	**Kelli Stannard, BSN, RN Presenter**	**Allie Liss, MPH**	**Jeanene Smith, MD, MPH CME Reviewer**	**Reina Hudson, LCSW CE Reviewer**
Company	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
Nature of relationship	N/A	N/A	N/A	N/A

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- Health Management Associates (HMA), #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. HMA maintains responsibility for this course. ACE provider approval period: 09/22/2025–09/22/2028. Social workers completing this course receive 1 continuing education credit.
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- The American Academy of Family Physicians (AAFP) has reviewed Integrated Care DC Webinar Series and deemed it acceptable for AAFP credit. Term of approval is from 05/12/2026 to 05/11/2027. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session is approved for 1 Online Only, Live AAFP Prescribed credit.
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  - You will receive a link to the evaluation shortly after this webinar.
- Certificates of completion will be emailed within 12 business days of course completion.

CENTER FOR MEDICARE AND MEDICAID INNOVATION (CMMI) CGT ACCESS MODEL TEAM

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Lisa Lee
Center for Medicare and Medicaid Innovation

CGT Access Model Goals

- Improve patient health outcomes by increasing their ability to receive cell and gene therapies.
- Test innovative payment arrangements to reduce health care costs and administrative burden for Medicaid programs.

PARTICIPANT INTRODUCTIONS

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Children's National

HUH HOWARD UNIVERSITY HOSPITAL

UNIVERSITY of MARYLAND MEDICAL CENTER

MedStar Health

VCUHealth

SICKLE CELL ASSOCIATION OF THE NATIONAL CAPITAL AREA, INC. SCANCA, INC. EST. 1994

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

DHCF
Department of Health Care Finance

Please share in the chat:

1. Name
2. Role
3. Organization
4. Something that inspires you or motivates you in the work that you do
5. Something you hope to learn from this session

CGT ACCESS MODEL OVERVIEW

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PROJECT AIM

Expand Medicaid access to curative sickle cell disease (SCD) gene therapies while reducing long-term costs via outcomes-based contracts and rebates tied to real-world patient outcomes

THREE-PART ACCESS MODEL

1

Negotiate outcomes-based agreements (OBAs) terms

CMS directly negotiates Key Terms with a manufacturer.

2

State participation

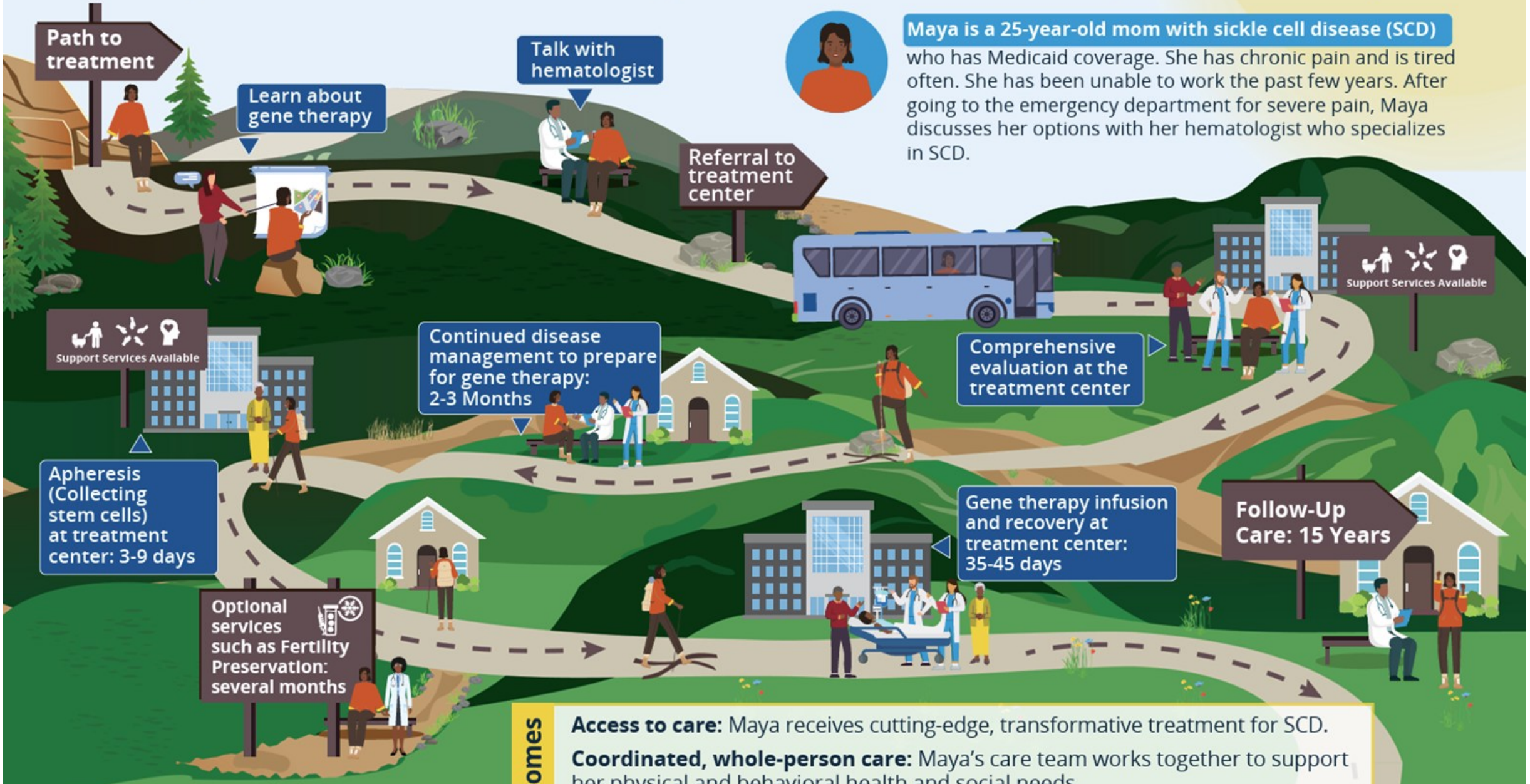
States decide whether to enter agreements reflecting OBA Key Terms.

3

Implement + evaluate

CMS supports implementation, reconciliation, and evaluation.

Improved Access to Gene Therapy for Sickle Cell Disease: Maya's Care Journey



Outcomes

Access to care: Maya receives cutting-edge, transformative treatment for SCD.

Coordinated, whole-person care: Maya's care team works together to support her physical and behavioral health and social needs.

Outcomes: Maya's quality of life vastly improves. She is able to work, enjoy her family, and engage in normal life activities.

CGT Access Model
https://www.cms.gov/files/document/cgt-model-journey-map.pdf

WHAT IS INTEGRATED CARE DC?

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- Integrated Care DC enhances current and aspiring Medicaid providers' capacity to sustain whole-person care for the physical, behavioral health, and social needs of beneficiaries.
- The technical assistance program is managed by the DC Department of Health Care Finance (DHCF).

To deliver individualized TA and training/coaching across three core competencies:

1. **Patient-centered, value-based care**
2. **Data and population health analytics**
3. **Integration of physical, behavioral, and social needs**

ICDC'S CGT OUTREACH & TA PROGRAM

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PURPOSE

Engage, educate and equip providers and partners to improve access to care and outcomes for patients and families across the sickle cell disease (SCD) care journey.

TA Will Include

Group Learning: Webinars with CME/CE credits

1:1 Practice Coaching: Available to providers with identified technical assistance and outreach coaching needs

In-person Workshop: To engage the full SCD community on topics of interest

1. **ENGAGE** Build or enhance relationships among key stakeholders
2. **EDUCATE** Create or enhance outreach/educational materials on key topics of need for all stakeholders as it relates to increasing access to SCD gene therapy treatments
3. **EQUIP** Provide TA on key aspects of increasing access to SCD gene therapy treatments

Result: coordinated, patient-centered support that increases access to potentially transformative SCD gene therapy for eligible beneficiaries

GROUP LEARNING

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Goal: Translate the CGT Access Model into practical supports for SCD patients and families.

Participants will gain understanding about:

1. **Operational readiness:** requirements, workflows, responsibilities
2. **Stakeholder alignment:** DC partners across the SCD system of care
3. **Access barriers:** participation, therapy access, and patient supports
4. **Lived experience:** patient/family input shaping care delivery

Webinar topics

Support during complex care
Patient support; family/caregiver engagement; behavioral health; transitions of care; care coordination

Equity, outreach, and community
Awareness strategy; equity/access planning; community partnerships; outreach materials

Measurement and sustainment
Data tracking, outcomes, long-term follow-up and sustainable change

Conversation output: prioritized barriers, support needs, and next steps for technical assistance and outreach.

POLL

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Image Source: Microsoft 365 Stock Photos

Your response helps focus the discussion on the access barriers that matter most in practice.

AUDIENCE POLL

What do you anticipate as the biggest challenge in helping people with SCD access gene therapy?

Select one response when the poll opens:

- **A** Identifying which patients might be eligible
- **B** Building patient willingness and trust in new therapy
- **C** Navigating insurance coverage and costs
- **D** Coordinating care across multiple providers/settings
- **E** Other

If you choose E, please share a few words in the chat.

Respond in the poll window — then we'll discuss the results together.

We couldn't load the Menti slide

Exit slideshow mode, then select the Menti slide you want to add. After selecting it, start the slideshow again.

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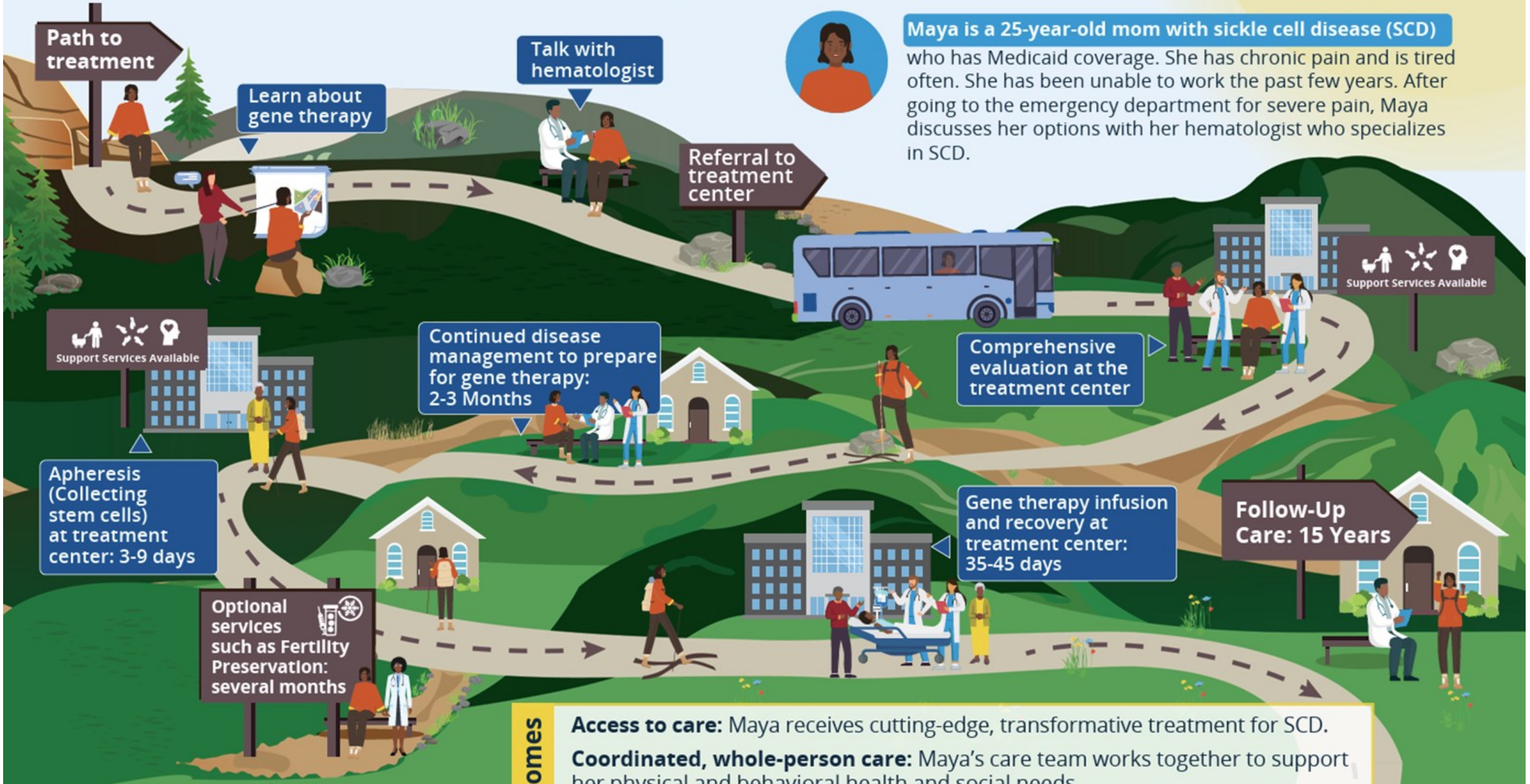
Improved Access to Gene Therapy for Sickle Cell Disease: Maya's Care Journey



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CGT Access Model
https://www.cms.gov/files/document/cgt-model-journey-map.pdf

CASE STUDY – TRANSITION-AGE YOUTH

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MEET MARCUS

Image Source: Microsoft 365 Stock Photos

Case at a glance

PATIENT	20-year-old with SCD | Ward 7
STATUS	Candidate for gene therapy
SUPPORT	SCAT + behavioral health support

Navigating Transition, Readiness, and Timing for Gene Therapy

HIS STORY

- Frequent pain crises and early end-organ risk despite therapy.
- Depression/anxiety are supported; symptoms fluctuate with uncertainty.
- Mother is closely involved as pediatric supports and coverage may shift.

DISCUSSION

Although Marcus is well supported within the SCAT program, questions remain about:

1. How responsibility for coordination will transfer as pediatric supports sunset
2. Who will "own" referral, authorization, and follow-up processes once adult care begins? Who needs to be involved – and communicating – to ensure Marcus successfully receives gene therapy by age 21?
3. How to maintain behavioral health and family support during treatment decision-making and transition

Marcus represents a patient who is clinically ready for gene therapy, but whose success depends on timely, well-coordinated transition planning across pediatric and adult systems, insurance changes, and psychosocial supports. Without proactive, integrated coordination, there is risk of delay or disruption to treatment.

PEER SHARING AND DISCUSSION

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PEER EXCHANGE

Move from access barriers to practical solutions.

Discuss where CGT access gets stuck, and one action that could help.

Access journey → Referral → Eligibility → Coverage → Treatment → Follow-up

1 FIND THE PAIN POINT

Which stages of the CGT patient access journey (from referral to follow-up) do you foresee as most challenging in your organization, and why?

2 SHARE A PRACTICAL FIX

What is one strategy or resource that could help address those challenges and improve patient access or care coordination for CGT in your setting?

BEST PRACTICE SYNTHESIS

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1 **Assign a coordination owner**
Referral, authorization, specialist and provider connections, and follow-up need a named lead and clear communication channels.

2 **Start coverage work early**
Engage payers before decisions are urgent; clarify authorizations and benefit changes.

3 **Build wraparound supports**
Integrate (or establish strong partnership connections) to supports like social work, behavioral health, education, and peer support.

4 **Standardize referrals and transitions**
Use clear protocols between pediatric, adult, primary care, specialty, and care coordination teams.

5 **Build patient trust & engagement**

Use culturally sensitive education, peer support, and early shared planning to address hesitancy and foster trust in the care plan.

Give patients a voice early to strengthen adherence and outcomes.

Best practice synthesis: turn case-specific learning into repeatable workflows and patient-centered engagement.

BEST PRACTICE SYNTHESIS

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Image Source: Microsoft 365 Stock Photos

Shared learning becomes the roadmap for what comes next.

Connecting insights to what's next

Themes, needs, and best practices identified from today will help shape:

1. **Upcoming learning topics**
   What the group needs to explore next.
2. **Deeper peer discussion**
   Where providers can exchange practical approaches.
3. **Practice-specific TA priorities**
   Which supports should be tailored for each setting.

Next step: prioritize actions we can carry into TA and future sessions.

Thank you!

for joining the webinar

We appreciate your participation and engagement.

Thank you for the work you do to strengthen care connections.

WRAP UP AND NEXT STEPS

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- Please complete the online **evaluation by <u>July 8</u>!**
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- For more information about Integrated Care DC, please visit: www.integratedcare.dc.gov

CONTACT US

INTEGRATED CARE DC
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Kelli Stannard, BSN, RN
Health Management Associates
Provider Coach
kstannard@healthmanagement.com

Alessandra Campbell, MPH
Health Management Associates
Senior Consultant
acampbell@healthmanagement.com

All content was created and delivered by HMA.

APPENDIX

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